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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10531064 | <b>Applicant(s)/Patent Under Reexamination</b><br>BAGLIONE, DANIEL |
|   | <b>Examiner</b><br>Gregory A Wilson        | <b>Art Unit</b><br>3749  |

| ORIGINAL                  |  |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|---------------------------|--|----------|--|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS                     |  | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 122                       |  | 4D       |  |  |  | F                            | 2 | 3 | C | 10 / 08 (2006 01 01) |             |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 122                       | 488                                      |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 209                       | 711                                      |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input checked="" type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b> <input type="checkbox"/> <b>CPA</b> <input type="checkbox"/> <b>T.D.</b> <input type="checkbox"/> <b>R.1.47</b> |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|  | 1        |       | 17       |       | 33       |       | 49       |       | 65       |       | 81       |       |          |       |          |
|  | 2        |       | 18       |       | 34       |       | 50       |       | 66       |       | 82       |       |          |       |          |
|  | 3        |       | 19       |       | 35       |       | 51       |       | 67       |       | 83       |       |          |       |          |
|  | 4        |       | 20       |       | 36       |       | 52       |       | 68       |       | 84       |       |          |       |          |
|  | 5        |       | 21       |       | 37       |       | 53       |       | 69       |       | 85       |       |          |       |          |
|  | 6        |       | 22       |       | 38       |       | 54       |       | 70       |       | 86       |       |          |       |          |
|  | 7        |       | 23       |       | 39       |       | 55       |       | 71       |       | 87       |       |          |       |          |
|  | 8        |       | 24       |       | 40       |       | 56       |       | 72       |       | 88       |       |          |       |          |
|  | 9        |       | 25       |       | 41       |       | 57       |       | 73       |       | 89       |       |          |       |          |
|  | 10       |       | 26       |       | 42       |       | 58       |       | 74       |       | 90       |       |          |       |          |
|  | 11       |       | 27       |       | 43       |       | 59       |       | 75       |       | 91       |       |          |       |          |
|  | 12       |       | 28       |       | 44       |       | 60       |       | 76       |       | 92       |       |          |       |          |
|  | 13       |       | 29       |       | 45       |       | 61       |       | 77       |       | 93       |       |          |       |          |
|  | 14       |       | 30       |       | 46       |       | 62       |       | 78       |       | 94       |       |          |       |          |
|  | 15       |       | 31       |       | 47       |       | 63       |       | 79       |       | 95       |       |          |       |          |
|  | 16       |       | 32       |       | 48       |       | 64       |       | 80       |       |          |       |          |       |          |

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| NONE<br><br>(Assistant Examiner) _____ (Date) _____<br>/Gregory A Wilson/<br>Primary Examiner/Art Unit 3749<br>(Primary Examiner) _____ (Date) _____ |  | <b>Total Claims Allowed:</b><br>35<br><br>O.G. Print Claim(s) _____ O.G. Print Figure _____<br>94 _____ 1 _____ |  |
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